

Patient Name: GONZALES, DESIREE EVA M

Date of Birth: REDA

MRN: 0000516646

FIN: 3000802548

\* Auth (Verified) \*

66 Alcohol Intox / Abuse (5)

TIME SEEN: 2040 ☐ on arrival ROOM: 23 EMS

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI per nurse per 263 per

chief complaint:

request detox ETOH drugs intoxicated  
suicide attempt self-injury intentional drug overdose  
accidental drug ingestion  
overdose of heroin

started / timing:

brought by family / friend last drink / drug abuse

gone now better continues to use

severity: mild moderate severe

context:

situational problems: "lited a rough day today"  
related to: spouse / parent / son / daughter / significant other  
work / last job / school / legal problems  
found by friends and she was put in a tub full of ice.

current / associated complaints:

depressed anxious / frustrated / agitated / hostile / paranoid  
confused / hallucinating  
tremors / seizures Admits to heroin, denies  
mild moderate severe other drugs or pills  
suicidal thoughts / specific plan / gesture or attempt  
trauma / assault / fall / MVA

co-ingestion:

## ROS

☐ ROS limited by mental status

## PULMONARY / CVS

cough

trouble breathing

chest pain

## ENT

sore throat

☒ all systems neg. except as marked

## PAST HX

☐ negative☐ Prior records reviewed: his TUNA

prior suicide attempt

psychiatric problems

depression bipolar disorder

schizophrenia other

prior detox administered

## NEURO / EYES

headache

visual disturbance

GI/GU

abdominal pain

nausea vomiting x3 10 ER

diarrhea

problems urinating

## SKIN / LYMPH / MS

skin rash / swelling

joint pain

Surgeries: none per nurse appendectomy  
tonsillectomy hysterectomy  
cholecystectomy

Medications none per nurse  
unknown doesn't know

Allergies NKDA

see nurses note

## SOCIAL HX

smoker

recent ETOH

disabled / unemployed occupation

marital status: single married children:

## FAMILY HX

non-contributory☒ Nursing Assessment Reviewed☒ Vitals Reviewed

## PHYSICAL EXAM

General Appearance

alert

EENT

AmI ENT inspection

pharynx nml

if obstructed

nml gag reflex

EYES

PERL

EOMs intact

fundl nml

NEURO / PSYCH

mental status

mood nml

affect full

thoughts clear

insight good

judgment intact

slow / no response to commands

withdraws to pain no response to pain

depressed mood straightly denies

affect flat / blunted

thoughts confused / tangential

insight fair / poor

judgment poor / impulsive

tearful / hostile / non-communicative

suicidal ideation

For suicide attempts: On direct query, patient ADMITS / DENIES

continued consideration of suicide as an option.

If denies why?

uncooperative / cannot determine

cognition impaired

disoriented to: person / place / time

orientation

normal x3

cranial nerves

sensory, motor:

CN's intact as tested

nml motor response

nml sensory response

nml reflexes

nml gag

NECK / BACK

non-tender

normal inspection

neck supple

tenderness

cerv. lymphadenopathy (R/L)

thyromegaly / meningismus

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Christus St. Vincent Medical Regional Center

Santa Fe, NM

EMERGENCY PHYSICIAN RECORD

Alcohol Intox / Abuse - 66 Rev. 06 / 12

EXHIBIT

E



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# RESPIRATORY

☒ chest non-tender  
☒ no resp. distress  
☒ breath sounds nml

# CVS

☒ regular rate, rhythm  
☒ heart sounds normal

# ABDOMEN

☒ non-tender  
☒ pelvis stable non-tender  
☒ nml bowel sounds  
☒ no organomegaly

# SKIN

☒ color nml, no rash  
☒ warm, dry

# EXTREMITIES

☒ non-tender  
☒ normal ROM  
☒ no signs of injury  
☒ no pedal edema

whistles / rales / rhonchi

increased rate

irregularly irregular rhythm  
extrasystoles (occasional / frequent)  
tachycardia / bradycardia

guarding  
hepatomegaly / splenomegaly  
moderately / morbidly obese  
distention

cyanosis / diaphoresis / pallor  
skin rash

laceration  
pedal edema

# PROCEDURES:

☐ Restraints  
☐ Inubated by ED physician nasal / oral # ET tube  
breath sounds equal tube position confirmed w/ CXR  
☐ Gastric Lavage pill fragments recovered  
☐ Charcoal gm given Sorbitol oz given

# PLAN OF CARE:

☐ 1. The Patient will be held in the Emergency Department until functional capacity is demonstrated to the ED physician.  
Functional capacity is demonstrated by: steady gait, clear speech, and orientation to person, place and time.  
☐ 2. Patient may be evaluated by Detox counselor.

# LABS, EKG & XRAYS

**CBC**  
normal except  
WBC  
Hgb  
Hct  
Platelets  
segs  
bands  
lymphs  
monos

**Chemistries**  
normal except  
Gluc  
BUN  
Creat  
Ca  
K  
Cl  
CO2  
Anion Gap

**Amylase**  
Lipase  
T-Bill  
ALT  
AST  
T4  
TSH  
serum /  
urine preg  
POS NEG

**Urine Dip**  
normal  
gluc  
leuk  
blood  
UA Co-Pend  
normal except  
WBC  
RBC's  
nitrite  
bacteria

**Drug Levels**  
diltin  
phenobarb  
tegretol

**Drug Screening**  
neg except  
acetamin  
aspirin  
MBA

**Urine Toxicology neg except**

# EKG

☐ See # 80  
CXR portable ☐ Insp. by me ☐ Reviewed by me ☐ Disc'd w/ radiologist  
nml/NAD ☐ no infiltrates ☐ nml heart size ☐ nml mediastinum

not / changed from

Pulse Ox % on RA / L / % at (time)

GONZALES, DESIREE EVA M

ED 17Y F

ACCT: 3000802548

MRN: 0000516646

Admit Dt: 05/07/2014

ED / 3000802548

Additional templates:

# PROGRESS:

Time  
7.46 Female pt presents in ED 2-3 to  
bottles IV drug. Over dose. Her EKG  
pt was found by friends unresponsive.  
Tx PTA by EMS: 1mg Narcan, and  
1mg Narcan IV. pt woke up approx  
2 min after. pt admits to doing "more  
than usual". Tx: 1mg Ativan, 4mg Nausea  
Rx: since Narcan given

Observed x 2 hrs. No Re-overdose  
Wide awake, talking to officers, walked out of ED  
D/C to J.C. where she can  
continue to be watched  
referred to / discussed with Dr. P. Q. P. Time called

Wrote patient in ED / hospital / office  
Counselor / family / Responder  
lab / rad. results discussed / need for follow-up  
prior records ordered  
CRIT CARE TIME (excluding separately billable procedures)  
30-74 min 75-104 min min

# DISCHARGE ORDER:

☒ 1. Patient has functional capacity as demonstrated by steady gait, clear speech, and orientation to person, place and time.  
Patient may be discharged.  
☐ 2. Patient has not shown functional capacity, but Patient can be discharged in the care of a responsible adult. Transportation arrangements will be made so that the patient does not drive a vehicle.  
☐ 3. Patient medically cleared for P.C.  
☐ 4. Patient placed on 24 hr. mental hold to return for Psych eval. when sober

# DIAGNOSIS:

acute chronic  
Ethanol Intoxication Psychosis Schizophrenia exc.  
Depression Drug Overdose - Intentional / accidental  
major manic Suicide Attempt / Ideation  
Drug Intoxication

DISPOSITION: Time 2:52 am / pm Police  
TO: ☐ home ☐ admitted ☒ transferred  
CONDITION: ☐ unchanged ☒ Improved ☐ stable

NP / PA Date: Time:  
Recorded by: Scribe for: D. Unker  
Scribe signature: Date: Time:  
☒ This document accurately reflects work, treatment, and decisions made by me:  
PHYSICIAN SIGNATURE: MD # 1514  
Date: Time:  
☒ Template Complete

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Santa Fe, NM  
EMERGENCY PHYSICIAN RECORD